

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

PAGE 1 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Mayday PAC		FEC IDENTIFICATION NUMBER ▼ C C00562587	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Buying Time, LLC			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014		
Mailing Address 650 Massachusetts Ave NW Ste 210			Amount 260348.00		
City Washington	State DC	Zip Code 20001-3728	Transaction ID : VNV0C9Q8DR4		
Purpose of Expenditure TV Advertising Buy		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014		
Name of Federal Candidate Marion Michael Rounds		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: SD		
Calendar Year-To-Date Per Election for Office Sought 1022100.13			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee CD2 Consulting			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014		
Mailing Address 9 Miecaskly Dr			Amount 8500.00		
City New Gloucester	State ME	Zip Code 04260-4669	Transaction ID : VNV0C9Q8DJ7		
Purpose of Expenditure TV and Digital Ad Production Costs		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014		
Name of Federal Candidate Fred Upton		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MI		
Calendar Year-To-Date Per Election for Office Sought 1529613.84			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	268848.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mark McKinnon

[Electronically Filed]

Date

MM / DD / YYYY
10 / 23 / 2014

Signature

NAME OF COMMITTEE (In Full) Mayday PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00562587 </div>
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Check if ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on MM / DD / YYYY

Full Name of Payee Fletcher Rowley		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>10 / 22 / 2014</div> </div>	
Mailing Address 1720 W End Ave Ste 630		Amount <div> <div>12500.00</div> </div>	
City Nashville	State TN	Zip Code 37203-2607	Transaction ID : VNV0C9Q8DP8 Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>10 / 22 / 2014</div> </div>
Purpose of Expenditure TV and Digital Ad Production Costs		Category/ Type	
Name of Federal Candidate Marion Michael Rounds		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>SD</u>
Calendar Year-To-Date Per Election for Office Sought		<div> <div>1022100.13</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY
Mailing Address		Amount \$
City	State	Zip Code
Purpose of Expenditure	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ► _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	12500.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	281348.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature